

Travel Voucher Summary Sheet CG RELEASE 5.350

Coast Guard Supplement to the FORM 1351-2

Block No: 10250089 Claim No: 00408792 Examiner: BDR 47403

From UTS, Approving Official

JOHN E DOE
2100 SW 29TH ST
OAKLAND CA 94596

SSN: 6789 TONO: 13033136RDFAC000 Travel Type: TDY
Grade/Rank: GS12 Depart Date: 10/18/02 Return Date: 10/20/02

Advances/Prior Payments: 0.00 Voucher Type: FINAL

Employee's Per Diem: 279.00
Mileage/Transp Allow: 382.28
Reimbursable Exp.: 12.90

Total Entitlement: 674.18
Less Partial Payments: 0.00

Total Charged to Acct. Class: 674.18
Less Travel Advances: 0.00
=====

Total Amount Payable and Due Member: 674.18

Miles Rate Amount
46 36.50 c/ml= 16.79

Accounting Summary

13033136RDFAC000 2 6 32 133 90 0 RD11 47500 2133 674.18

Travel Voucher Summary

Date Prepared: 10/25/02

TONO: 13033136RDFAC000

279.00

[illegible]

RELEASE 5.350 Travel Voucher Summary Date Prepared: 10/25/02
SSN: 6789 TONO: 13033136RDFAC000

Approved Reimbursable Expenses

Date	Description	Amount
10/18/02	AIRFARE	155.00
10/18/02	TRAVEL SERVICE FEE	23.93
10/19/02	LODGING TAX-CONUS/US TERR ONLY	10.40
10/18/02	RENTAL CAR	186.56
10/19/02	ATM ADVANCE EXPENSE	2.50
10/20/02	AUTO MILEAGE	16.79

List of Required Receipts

Date(s)	Description	Amount
10/18/02	AIRFARE	155.00
10/18/02 - 10/19/02	Hotel(s) at Los Angeles	55.00
10/19/02 - 10/20/02	Hotel(s) at San Diego	99.00

IF YOU HAVE QUESTIONS CONCERNING THIS DOCUMENT, PLEASE CONTACT YOUR UNIT
ADMINISTRATION OR THE ORDER ISSUING AUTHORITY.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-4251 (TEST)		MILITARY TEMPORARY ADDITIONAL DUTY (TAD) OR CIVILIAN TEMPORARY DUTY (TD) REQUEST AND TRAVEL ORDER				SOCIAL SECURITY NO. 123-45-6789				
When signed by Authorizing Official, this form becomes an Official Travel Order. Request below named person be authorized to perform the following TAD/TD on official business of the Coast Guard.										
1. NAME JOHN E DOE		2. GRADE/RATE GS-12		3. DIV/BRANCH TVL		4. EXT. 1234				
5. DEPARTURE DATE 10/18/02		6. ESTIMATE DAYS ABSENT 2		7. ESTIMATED COST \$2,000.00		8. REPEAT TRAVEL ORDERS FOR THE PERIOD FROM N/A TO N/A				
A. Command, District, Firm or Organization. (List in sequence)				B. LOCATION		C. DATE/TIME (If critical)		D. REVISIT (yes/no)		
9. Places to visit STATION LA STATION SAN DIEGO				LOS ANGELES, CA SAN DIEGO, CA		10/18/02 10/19/02		NO NO		
10. REQUEST A. <input type="checkbox"/> REGIS. FEE \$ _____ B. <input type="checkbox"/> EXCESS BAGGAGE _____ (____ LBS.) C. <input checked="" type="checkbox"/> LOCAL TRAVEL-TAXI D. <input type="checkbox"/> 1ST CLASS JET E. <input checked="" type="checkbox"/> U-DRIVE/GSA VEHICLE F. <input type="checkbox"/> _____ DAYS LEAVE				11. MODE OF TRAVEL <input checked="" type="checkbox"/> COMMERCIAL CARRIER <input type="checkbox"/> GOVT. CONVEYANCE <input type="checkbox"/> PRIVATELY OWNED CONVEYANCE <input type="checkbox"/> It has been administratively determined that this method of travel is more advantageous to the Government, IAW JTR, M4204.5.b. <input type="checkbox"/> The total cost to the Government, including per diem, does not exceed the total cost of travel by common carrier, including per diem. (Civilians only.)				NOT APPVD. <input type="checkbox"/> NOT AUTH. <input type="checkbox"/>		
12. PURPOSE OF TRAVEL AND JUSTIFICATION(S) FOR REQUIREMENTS CHECKED IN ITEM 10, AND/OR 11. TRAINING LOCAL TRAVEL AUTH. RENTAL CAR AUTH. OFFICIAL TELEPHONE CALLS AUTH										
13. DATE 10/15/02		TRAVEL REQUESTED BY (Signature and Position Title) JOHN E. DOE								
14. Except as noted, TAD/TD is approved and chargeable below:				15. Funds available for request as estimated below.						
DIST	APPN. CODE	LIM. CODE	ALLOT FUND	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT ID.		ESTIMATED COST	
							TYPE	FY	TONO NO.	SUFFIX
2	6	32	133	RD	47500	2133	13	03	3136RDFAC	000
14a. DATE 10/15/02		SIGNATURE (Approving Official) J. SMITH				15a. DATE 10/15/02		SIGNATURE (Accounting Division/Branch) J. SMITH		
16. Authorized Civilian mileage (See DOT Travel Manual, 1500.6, Appendix C.) <input type="checkbox"/> _____ <input type="checkbox"/> NONE <input type="checkbox"/> NTE COST BY COMMON CARRIER INCLUDING PER DIEM				17. Authorized CIVILIAN per diem (See DOT Travel Manual, 1500.6, Appendix D/Chapter 4, respectively.) <input type="checkbox"/> _____ PLUS LODGING NTE _____ <input type="checkbox"/> TRAVEL OF 24 HOURS OR LESS <input type="checkbox"/> NONE <input type="checkbox"/> OTHER (Specify) _____						
DATE SIGNATURE (Authorizing Official, Items 16. & 17.) I. M. BOSS, USCG										
18. FROM: TO: COMMANDER ISC ALAMEDA JOHN E DOE 123 45 6789										
1. Except as noted, the approved TAD/TD is authorized and directed. Proceed and report to the places and in the order listed in Item 9, above. Deviations should not be made to visit places or areas not listed in Item 9, above, without prior written or verbal orders from proper authority. Upon completion of the TAD/TD directed, return to this command and resume your regular duties. (Military per diem is authorized as prescribed in Joint Travel Regulations.)										
DISTRIBUTION: ADMIN, TVL, MBR										
19. DATE 10/15/02		SIGNATURE (Authorizing Official) I. M. BOSS, USCG								

TRAVEL VOUCHER OR SUBVOUCHER				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.								
1. PAYMENT <input checked="" type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$ _____				2. TYPE OF PAYMENT (X as applicable) <input checked="" type="checkbox"/> TDY <input checked="" type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA				3. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER 				
4. NAME (Last, First, Middle Initial) (Print or type) DOE, JOHN E				5. GRADE GS 12		6. SSN 123456789		b. SUBVOUCHER NUMBER 				
7. ADDRESS. a. NUMBER AND STREET 2100 SW 29TH ST			b. CITY OAKLAND		c. STATE CA		d. ZIP CODE 94596		c. PAID BY 			
8. DAYTIME TELEPHONE NUMBER & AREA CODE 123 456 7890		9. TRAVEL ORDER NUMBER 13033136RDFAC000		10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES 								
11. ORGANIZATION AND STATION CG ISC ALAMEDA				13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) 								
12. DEPENDENT(S) (X and complete as applicable) <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED												
a. NAME (Last, First, Middle Initial)		b. RELATIONSHIP								c. DATE OF BIRTH OR MARRIAGE		
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain in Remarks)				d. COMPUTATIONS 								
15. ITINERARY												
a. DATE 2002		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			c. MEANS/ MODE OF TRAVEL		d. REASON FOR STOP		e. LODGING COST		f. POC MILES	
10/18 DEP		OAKLAND, CA			CP							
10/18 ARR		LOS ANGELES, CA					TD		55.00		23	
10/19 DEP					CA							
10/19 ARR		SAN DIEGO, CA					TD		99.00			
10/20 DEP					CA							
10/20 ARR		LOS ANGELES, CA					AT					
10/20 DEP					CP							
10/20 ARR		OAKLAND, CA					MC				23	

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5701, 37 USC 404-427, and EO 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

ROUTINE USE(S): To substantiate claims for reimbursement for official travel.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS

UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN NONE

****Please do not reply to this e-mail.****
****It will not go back to your travel counselor.****

07Oct02 05:46pm

Booking locator: P1TLW2
Fare: \$155.00

18Oct02 02:00pm Friday
Air Southwest Airlines Flight# 2877 Class:Y
From: Oakland CA, USA 18Oct02 02:00pm Friday
To: Los Angeles CA, USA 18Oct02 03:15pm Friday
Meal: None Equip: 73G Status: Confirmed

DEPARTS OAK TERMINAL 2 - ARRIVES LAX TERMINAL 1

20Oct02 05:30pm Sunday
Air Southwest Airlines Flight# 799 Class:Y
From: Los Angeles CA, USA 20Oct02 05:30pm Sunday
To: Oakland CA, USA 20Oct02 06:40pm Sunday
Meal: None Equip: Boeing 737-300 Status: Confirmed

DEPARTS LAX TERMINAL 1 - ARRIVES OAK TERMINAL 2

01Jul03 Tuesday
TOUR Los Angeles CA, USA
HAVE A GREAT TRIP
\$23.93 NON REFUNDABLE PROCESSING FEE

Omega World Travel
3102 Omega Office Park
Fairfax, Va 22031

OMEGA TRAVEL CITY OF INDUSTRY 888-640-4443
OFFICE HOURS: 8AM-5PM MONDAY-FRIDAY PST
FOR AFTER HRS AND WEEKENDS ONLY PLEASE CALL

1-800-285-6342 AND GIVE CODE 5I8-USCG ALAMEDA
ALL TRANSACTION FEES ARE NON-REFUNDABLE
FORM OF PAYMENT....TRVLS GOVT CC NBR CA556802
PLEASE ACCESS WWW.VIEWTRIP.COM FOR YOUR TICKET INFORMATION
PLEASE RECONFIRM YOUR FLIGHTS 24HRS PRIOR TO DEPARTURE
MINIMUM CHECK-IN TIME IS 2 HOURS PRIOR TO DEPARTURE
YOUR TICKETLESS CONFIRMATION ON SOUTHWEST F4COOH

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Bloomington, IN

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VILLAGER LODGE
680 B STREET
SAN DIEGO, CA 92101
(619) 238-4100 FAX: (619) 238-5310

FOLIO. 95894 ROOM. 418 REG#.
ARRIVE 10/19/02
DEPART 10/20/02
TODAY 10/20/02
#GUESTS 1
RATE..99.00

ROOM #	SH	DATE	CD	DESCRIPTION	AMOUNT	BALANCE
418	C	10/19/02	E	ROOM RENT	99.00	99.00
418	C	10/19/02	F	TOT TAX	10.40	109.40
418	A	10/20/02	N	VISA / MC	109.40	0.00

04/03 Auth Code:000681

***** TOTAL DUE..... 0.00

ROOM RENT.. 99.00 ROOM TAX... 10.40 VISA/MASTR. 109.40

THANK YOU FOR STAYING AT THE VILLAGER LODGE

Signature X_____

Please contact the manager about any issue with your stay.
Villager Franchise Systems, Inc. or affiliates may contact you about goods
and services unless you call 877-327-8829 or write to Box 27970,
Minneapolis, MN 55427-0970 to opt out. View our Villager Lodge
website about privacy.

Sheraton L.A. Harbor
601 South Palos Verdes Street
San Pedro, CA 90731
Tel: 310-519-8200 Fax: 310-519-8421

1021

1
230390 B
1
18-OCT-02 16:51
19-OCT-02 07:45
VM

18-OCT-02	RT1021	Government	55.00
19-OCT-02	VM	Visa/MasterCard	55.00-
For Authorization Purposes Only			

Auth Date	Code	Authorized
18-OCT-02	025163	71.50
Total-Due		0.00

EXPENSE REPORT SUMMARY

Date	Room&Tax	Food&Bev	Telephone	Other	Total	Payment
18-OCT-02	55.00	0.00	0.00	0.00	55.00	0.00
19-OCT-02	0.00	0.00	0.00	0.00	0.00	55.00-
Total	55.00	0.00	0.00	0.00	55.00	55.00-

As a Starwood Preferred Guest, you could have earned 110
Starpoints for this visit. Please provide your member number
or enroll today.

FOLIO: 230390	18-OCT-02	ROOM 1021	DEPART 19-OCT-02	AGENT ANGELO
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Sheraton L.A. Harbor
Tel: 310-519-8200

CHARGES SUBJECT TO FINAL AUDIT
LICENSEE:

T.C.R., L.P.
DBA THRIFTY CAR RENTAL 050205
5440 WEST CENTURY BLVD

Thrifty

Rental Statement	(310)645-1880	Car To Be Returned To Above Unless Stated	Rental Expires On	Rental Agreement Number
A3494002 GOVT SHERATON SAN PEDRO ADD'L RENTER: XCORP:	CUST NO: 826060 CA 10/20/04 CORP: 0010010007 NO: RES: 856969 CONF: 81FB07 PC: 0	RA OUT: 050205 LAX RETURN TO: LAX ON Vehicle Information VEH: 948362 LIC: 4UY6165 2 CHRY TOWNCO LAX FUEL OUT 8/8 Mileage out 20245 EXCH LIC: 0 OPTIONAL CHARGES I HAVE DECLINED PDW I HAVE DECLINED PAL/PEC I HAVE DECLINED SLI I HAVE ACCEPTED UPGRADE CREDIT CARD EXP. DATE AUTH 066858 ANT 300.00 C 90 90 D 100 IU R 90 90 D 100 IU Printed 10/18/02 at 16:05:00	15:58 10/20/02 TIME OUT 10/18/02 15:58 Per Mile Per Hour 19.00 Per Day 2 57.00 Per Week 429.00 Per Mnth 1920.00 NET T & M Prepaid Fuel 1.39 P/G Underage Dr 20.00 per day Sales Tax 8.250% LA/CTC TAX .345% UPGRADE 15.00 per day	N 20370449 ESTIMATED CHARGES 114.00 114.00 27.00 14.17 .59 30.00 TOTAL ESTIMATED CHARGES 186.56 IF RETURNED BY 10/20/02 AT 15:58 RENTER

Open/Exp. 5446
Rates are subject to change if the vehicle is not returned as stated above. Minimum one day rental charge. Drivers age 21 thru 24 a surcharge of \$20.00 per day applies. A \$30.00 fee will be charged for processing unpaid tickets. The Provisions of this agreement will be limited to the extent required by Calif. Law. Travel restricted to the STATE OF CALIFORNIA
Only auth drivers say drive. PDW does NOT cover theft.
nature below, I acknowledge that I have read and agree to the terms and conditions, both printed and written, including Physical Damage r, that appear on this rental statement and on the separate rental jacket which is incorporated herein. All the information provided by Me . I know that if I decline the option PDW, I am responsible for all loss regardless of fault. I AUTHORIZE THRIFTY TO PROCESS OR IT A CHARGE TO MY CREDIT, DEBIT OR CHARGE CARD FOR THE ESTIMATED CHARGES FOR THIS RENTAL UPON MY SIGNING THIS AL STATEMENT AND FOR ALL ADDITIONAL CHARGES UPON RETURN OF THE VEHICLE.

RENTER SIGNATURE X

ADDITIONAL AUTHORIZED RENTER